


**Calendar Year 2006 Benefits Comparison – Retirees Under Age 65**  
**Hanford Employee Welfare Trust (HEWT)**

<b>BENEFITS</b>	 <b>GroupHealth</b> <small>OPTIONS, INC.</small> <b>“Options” Point of Service</b>	<b>UnitedHealthcare</b> <b>PPO Medical Plan</b> <b>For Retirees Not Eligible</b> <b>for Medicare</b> <b>(Under Age 65)</b>
<b><u>Annual Out-of-Pocket Maximum</u></b>	In Network: \$2,000/\$6,000 Out-of-Network: \$6,000/\$18,000	In Network \$2,000/person Out-of-Network: \$4,000/person
<b><u>Deductible</u></b>	In Network \$200/\$600 Out-of-Network \$400/\$1,200	In Network \$400/person Out-of-Network \$600/person
<b><u>Co-insurance</u></b>	In Network 80 / 20% Co-ins. Out-of-Network 60 / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60 / 40% Co-ins.
<b><u>Office Visit/Urgent Care</u></b>	In Network 80% / 20% Co-ins. Out-of-Network: 60% / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Preventive care</u></b>	In Network Covered in Full Out-of-Network Not covered <i>Not subject to Deductible</i>	In Network <b>100% Some Services</b> Out-of-Network <b>60% / 40%</b> Co-ins.
<b><u>Lab &amp; X-Ray Services</u></b>	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Chiropractic Care</u></b>	In Network 80% / 20% Co-ins. Out-of-Network \$5 Co-pay & 60/40% Co-ins. 10 visit limit Per Year	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins. 20 visit limit Per Year
<b><u>Prescription Drugs</u></b>	In Network \$15 Generic/\$30 Brand 30-day Supply  <b><u>Mail Order</u></b> \$30 Generic/\$60 Brand 90-day Supply and Subject to Formulary  Out-of-Network <b>\$20</b> Generic/ <b>\$35</b> Brand 30-day Supply (not subject to Deductible)	<b>(Provided by Express Scripts, Inc.)</b> <b><u>Retail:</u></b> (up to a 30-day Supply): Generic \$7 Co-pay Brand Name Preferred \$25 Co-pay Brand, Non-preferred \$40 Co-pay  <b><u>Mail Order</u></b> (up to 90-day Supply) Generic \$14 Co-pay Brand Name Preferred \$50 Co-pay Brand, Non-preferred \$80 Co-pay


\*80% or 60% indicates amount covered by the insurance company according to the contract that is considered reasonable and customary; 20% or 40% indicates amount covered by claimant.

*Note: Deductibles apply to all services unless otherwise noted or plan does not have deductible. This is a brief comparison only, not the contract. For more detailed information please refer to the summary of benefits or contract.*

**Calendar Year 2006 Benefits Comparison - Retirees Under Age 65**  
**Hanford Employee Welfare Trust (HEWT)**

<b>BENEFITS</b>	 <b>GroupHealth</b> <small>OPTIONS, INC.</small> <i>“Options” Point of Service</i>	<b>UnitedHealthcare</b> <b>PPO Medical Plan</b> <b>For Retirees Not Eligible</b> <b>for Medicare</b> <b>(Under Age 65)</b>
<u><b>Inpatient Hospital</b></u>	In Network            80% / 20% Co-ins. Out-of-Network    60% / 40% Co-ins.	\$250 Co-pay plus: In Network            80% / 20% Co-ins. Out-of-Network    60% / 40% Co-ins.
<u><b>Outpatient Hospital</b></u>	In Network            80% / 20% Co-ins. Out-of-Network    \$5 Co-pay & 60% / 40% Co-ins.	In Network            80% / 20% Co-ins. Out-of-Network    60% / 40% Co-ins.
<u><b>Emergency Care</b></u>	In area: \$75 / 20% & Deductible Out-of-area: \$125 / 40% & Deductible	<u><b>In and Out-of-Network:</b></u> \$100 per visit Co-pay, plus applicable 80% / 20% Co-ins. (In Network) or 60% / 40% Co-ins. (Out-of-Network).
<u><b>Ambulance</b></u>	In Network            80% / 20% Co-ins. Out-of-Network    80% / 20% Co-ins. (not subject to Deductible)	<u><b>In and Out-of-Network:</b></u> Emergency:            80% / 20% Co-ins. Non-emergency:    60% / 40% Co-ins.
<u><b>Durable Medical Equipment &amp; Supplies</b></u>	In Network            80% / 20% Co-ins. (not subject to Deductible) Out-of-Network    80% / 20% Co-ins.	In Network            80% / 20% Co-ins. Out-of-Network    60% / 40% Co-ins.
<u><b>Rehabilitation Services</b></u>	<u><b>In Network:</b></u> <u>Outpatient:</u> 80% / 20% Co-ins. 60 visits per condition per year <u>Inpatient:</u> 80% / 20% Co-ins. 60 days per condition per year <u><b>Out-of-Network:</b></u> <u>Outpatient:</u> \$5 Co-pay & 60% / 40% Co-ins.; 60 visits per condition per year <u>Inpatient:</u> 60% / 40% Co-ins.; 60 days per condition per year	In Network            80% / 20% Co-ins. Out-of-Network    60% / 40% Co-ins.  Limited to 30 total visits per year for physical, occupational and speech therapy; and 20 total visits for pulmonary and cardiac rehabilitation therapy.

## Calendar Year 2006 Benefits Comparison – Retirees Under Age 65 Hanford Employee Welfare Trust (HEWT)

BENEFITS	 <b>GroupHealth</b> <small>OPTIONS, INC.</small> <b>“Options” Point of Service</b>	<b><i>UnitedHealthcare</i></b> <b>PPO Medical Plan</b> <b>For Retirees Not Eligible</b> <b>for Medicare</b> <b>(Under Age 65)</b>
<u><b>Mental Health Services</b></u> <u><b>Outpatient</b></u>          <u><b>Inpatient</b></u>	<u>In Network</u> \$30 individual/\$20 group 20 visit limit  <u>Out-of-Network</u> 50% Co-insurance 20 visit limit  -----  <u>In Network</u> 80% / 20% Co-insurance up to 12 days  <u>Out of Network:</u> 80%/20% Co-insurance up to 12 days	<u>In Network</u> \$15 individual visit/ \$5 per group visit  <u>Out-of-Network:</u> 50% of covered charges  -----  <u>In Network</u> 0% Co-insurance  <u>Out-of-Network</u> Mental Health: 60/40% Co-insurance Substance Abuse: 50%
<u><b>Chemical Dependency</b></u>	In Network      80% / 20% Co-ins. Out-of-Network Co-pay & 60/40% Co-insurance	<u>See above.</u>
<u><b>Vision Exam</b></u>	In Network      Covered in full Once every 12 months Not subject to Deductible  Out-of-Network: Not covered.	Not covered.
<u><b>Optical Hardware</b></u>	Not covered.	Not covered.

Note:

*This document is intended only to provide a general comparison of the major provisions of the three medical plans offered in Calendar Year 2006 to retirees under age 65 and their eligible dependents. It is not the Plan contract. It is provided as a tool to help retirees review their medical plan options. For details of the plans, consult the applicable Summary Plan Description or Certificate of Coverage, or contact Group Health Cooperative or UnitedHealthcare directly.*